



REFERRAL AND AUTHORIZATION FOR TB SCREENING AND FOLLOW-UP SERVICES

DATE: _____

PROVIDER/FACILITY: _____

CLIENT: _____ DOB: _____

REASON FOR EVALUATION (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Immigration screen | <input type="checkbox"/> Contact investigation |
| <input type="checkbox"/> Pre-employment screen | <input type="checkbox"/> Rule out active disease |
| <input type="checkbox"/> College/school entry screen | <input type="checkbox"/> Other (please describe): _____ |

REASON FOR AUTHORIZATION:

- ☐ No insurance
- ☐ High deductible (**contact TB Program for approval**-services primarily for persons without *any* insurance)

SERVICE(S) REQUESTED:

- | | |
|---|---|
| <input type="checkbox"/> CHEST X-RAY (CPT 71010)
Single View | Authorization #: _____
reimbursement up to \$125 allowed |
| <input type="checkbox"/> HEPATIC PANEL (CPT 80076) | Authorization #: _____
reimbursement up to \$110 allowed |
| <input type="checkbox"/> VENIPUNCTURE (CPT 36415) | Authorization #: _____
reimbursement up to \$40 allowed |
| <input type="checkbox"/> Other _____ | Authorization #: _____ |

NOTE: Reimbursement is *ONLY* available for the services authorized above. See page 2 for additional information.

PHYSICIAN: Dr. Joseph McLaughlin, State of Alaska Section of Epidemiology, NPI: 1245523257

SERVICE(S) REQUESTED BY: _____, PHN

☐ **FAX REPORT/RESULTS TO:** _____

☐ **MAIL X-RAY CD/FILM TO:** _____

Please send invoice and this authorization to:

Attn: LoRena Carlock
Alaska DHSS, DPH, Section of Epidemiology/TB Program
3601 C Street, Ste. 540
Anchorage, AK 99503
Phone: (907) 269-8000
Fax: (907) 563-7868

Thank You

NOTE:

The Alaska TB Program is the payer of last resort and authorizes payment not to exceed the listed amounts for the targeted diagnostic services listed on this form. To qualify for payment through the Alaska TB Program, patients must be *without* health insurance coverage for the requested services. Only single view chest x-rays, hepatic panels and venipuncture can be authorized by public health nurses without prior approval from the Alaska TB Program. The Alaska TB Program *does not* provide payment for radiologic interpretation of chest x-rays (71010-26); all films are sent to our contract radiologist for review and interpretation.

LFTs and venipuncture may be authorized for high risk (HIV +, liver disease, alcohol abuse, etc.) or symptomatic patients who are being treated for latent tuberculosis infection or active tuberculosis. The Alaska TB Program **will not** authorize payment for routine monitoring of LFTs in low risk individuals.

When patients have insurance coverage, the Alaska TB Program should not be balance billed and will not pay for costs that exceed payments received from the patient's third party payer.